after by the State Governments. For addressing Public health emergencies, National Disaster Management Authority has been established and all stakeholders including the private hospitals/NGOs are called upon to provide medical relief/rehabilitation during medical emergencies. Unsafe drinking water, poor sanitation and hygiene are some of the causes of diarrhea.

The preventive measures taken by the local health authorities include provision of safe drinking water, improvement of personal and community hygiene, safe disposal of human excreta, undertaking appropriate health education, surveillance and monitoring distribution of chlorine tablets and ORS packets etc. Under National Rural Health Mission, services of Health, Drinking Water, Nutrition and Sanitation are integrated to provide effective services at grass root level.

The Government of India supplements the efforts of the State Governments/ Union Territories by providing funds under Accelerated Rural Water Supply Programme, Total Sanitation Campaign, School Sanitation and Hygiene Education and Low Cost Sanitation Scheme for tackling quality related problems in respect of rural and urban drinking water supply. National Institute of Communicable Diseases (NICD), Delhi provides technical support to the State Governments and undertake surveillance, early detection and prevention and control of outbreaks of communicable diseases including diarrhea.

A integrated approach has been initiated with Department of Drinking Water Supply to provide the technical support to monitor the quality of drinking water in different States so as to prevent occurrence of water-borne diseases. A contingency plan to combat droughts and floods has been prepared by the Ministry of Health and Family Welfare and has been circulated to all States.

The Government of India has launched an Integrated Disease Surveillance Programme in November, 2004 to further strengthen identification of out breaks of various diseases including diarrhea so that early intervention could be made and occurrence, disability and death due to such diseases could be reduced.

Universities and colleges conducting MDS course

1273. MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names and addresses of the universities and colleges in the country conducting MDS course;

(b) the number of seats of MDS under different quotas in each of those universities and colleges;

(c) the procedure for admission being followed by them for conduct of entrance exams, and the dates of beginning of academic session in each of them; and

(d) the fee structure in each of such universities and colleges?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The information is being collected and shall be laid on the Table of the House.

(b) to (d) The entire process of admission and fee structure are regulated by the Admission Committee and Fee Structuring Committee constituted in each State under the Chairmanship of retired High Court Judge, in pursuance of Hon'ble Supreme Court judgement dated 14.08.2003 in the case of Islamic Academy of Education *Vs.* State of Karnataka & Ors. and judgement dated 12.08.2005 in the case of P.A. Inamdar & Ors. *Vs.* State of Maharashtra & Ors.

As per time schedule notified by the Central Government in pursuance of direction of Hon'ble Supreme Court in Madhu Singh case, the date of commencement of academic session of MDS Courses in 2nd May and the last date for completion of admission process in 31st May.

Decline in sex ratio in Orissa

†1274. SHRI SURENDRA LATH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is decline in sex ratio in 80 per cent part of country;

(b) the details of such clinics where sex determination technique is being use for female foeticides and the action being by the Government to keep in check these clinics;

(c) whether incidents of female foeticides have been noticed continuously even after making the law to stop the sex determination test;

(d) whether Government have any plan for cancellation of the licence of such ultrasound clinics and to cancel their registration forever;

(e) whether Government has any plan to make the law of sex determination test more stringent; and

(f) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (f) The Sex Ratio (SR) (number of females per thousand males) has increased from 927 to 933 from 1991 to 2001. However, the Child Sex Ratio (CSR) has declined from 945 to 927 during the same period. State-wise SR and CSR is enclosed as Statement [Refer to the Statement appended to the answer to USQ 1242 part (a) to (f).]

As on 12.10.07, there were 398 ongoing cases in the Courts for various violations of the law. 120 ultrasound machines were sealed and seized for violation of the law. Though most of the cases relate to non-registration of the centre/clinic, 64 cases relate to determination and disclosure of the sex of the foetus. 36 cases have been filed against people who have given advertisement about facilities of pre-conception/pre-natal sex selection. State Governments are requested to take effective measure for speedy disposal of ongoing cases.

Stringent punishment are prescribed in the Act as under so as to serve as a deterrent for minimising violations of the Act:

- Imprisonment up to 3 years and fine up to Rs. 10,000.
- For any subsequent offences, he/she may be imprisoned up to 5 years and fined up to Rs. 50,000/100,000.

† Original notice of the question was received in Hindi.